

**Bureau of Law Enforcement  
Virginia Department of Alcoholic Beverage Control**

**Citizen Commendation / Complaint Form**



**Citizen Information**

Name (last, first, middle initial)		
Address:		
County/city:	State:	Zip:
Home phone number:	Work phone number:	

☐ **Commendation Information**

☐ **Complaint Information**

Date:	Location:
Name or description of person(s):	
Nature of commendation/complaint (if additional space is needed, please use back of form or attachments):	

Signature:	Date:
Received by:	Date:

The completed form may be turned in at any Virginia ABC regional office (locations are available online) or mailed directly to:  
**Virginia ABC Bureau of Law Enforcement, Office of Professional Standards, PO Box 27491, Richmond, VA 23261-7491.**

For a complete list of regional office locations, please visit Virginia ABC's website ([www.abc.virginia.gov](http://www.abc.virginia.gov)).